

# ZAMBIA AND HIV/AIDS

## Key Talking Points

---

Zambia has one of the worst HIV/AIDS epidemics in the world:

- One in five adults is infected with HIV.
- More than 1.2 million Zambians—about 14 percent of the entire population—are living with HIV/AIDS.
- HIV prevalence rates range from 36 percent to 58 percent among high-risk groups.

**Children and HIV/AIDS** The epidemic is reversing years of progress in child survival and orphaning hundreds of thousands of children. According to UNAIDS, more than 42,000 children are living with HIV/AIDS. During this decade, the AIDS mortality rate for children under age 5 will rise from 8 to 33 deaths per 1,000 live births, and 600,000 Zambian children will become AIDS orphans.

**HIV in Young Women** Young women ages 15 to 19 are five times as likely to be infected with HIV as young men in the same age group. A study among 20- to 24-year-olds in Ndola, Zambia, revealed that 42 percent of the women were HIV-positive, compared to 13 percent of the men.

**Health Care Costs** By 2005, the cost of treating people with HIV/AIDS is expected to reach \$21 million, up from 1.7 million in 1990. About 45 percent of all hospital beds will be filled with AIDS patients.

**Businesses and HIV/AIDS** In 1994, AIDS-related expenses wiped out all the profits of Zambia's only oil refinery. Other companies report sharp increases in death rates and absenteeism to attend funerals. The country has suffered power shortages because so many engineers have been lost to AIDS.

**USAID** has been the lead donor in HIV/AIDS prevention for the past several years. The total funds for HIV/AIDS for FY 1999 is \$4,250,000.

**National Response** While Zambia's response to the epidemic has been mixed, momentum is growing. The Zambian government is forming a National AIDS Secretariat to coordinate HIV/AIDS prevention and care efforts and to develop a new national AIDS policy.

Barriers to HIV/AIDS prevention in Zambia include limited resources; a lack of recognition of the magnitude of the problem; inadequate health services and shortages of health staff; the slow pace of behavior change; and the stigma associated with HIV. Political commitment and leadership is needed to put the epidemic high on the country's agenda.



**U.S. Agency for  
International Development**  
**Population, Health and Nutrition  
Programs**  
**HIV/AIDS Division**  
1300 Pennsylvania Ave., N.W.  
Ronald Reagan Building, 3<sup>rd</sup> Floor  
Washington DC 20523-3600  
Tel: (202) 712-4120  
Fax: (202) 216-3046  
URL: [www.info.usaid.gov/pop\\_health](http://www.info.usaid.gov/pop_health)



**Implementing AIDS Prevention  
and Care (IMPACT) Project**  
Family Health International  
2101 Wilson Boulevard, Suite 700  
Arlington VA 22201 USA  
Telephone: (703) 516-9779  
Fax: (703) 516-9781  
URL: [www.fhi.org](http://www.fhi.org)

# ZAMBIA AND HIV/AIDS

## Country Profile

---

Zambia has a population of 9.5 million, with 57 percent concentrated in rural areas. The World Bank Poverty Assessment reported in 1995 that 69 percent of the population live in households where basic needs are not being met. Nearly half of Zambian children are malnourished, and malnutrition rates are even higher in rural areas.

Social-sector reform is crucial to the country's future development. While Zambia's social indicators show a high population growth rate, they also testify to the impact of years of widespread health problems, including HIV/AIDS, that limit productivity. Zambia's HIV prevalence rate is one of the highest in the world.

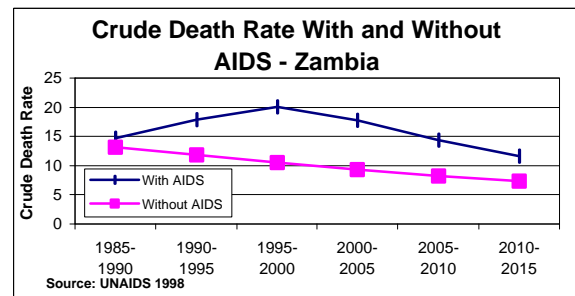
## HIV/AIDS in Zambia

---

The Joint United Nations Programme on AIDS (UNAIDS) reports that Zambia is one of nine African countries hardest hit by the epidemic, with one in five adults infected with HIV.

- More than 1.2 million Zambians are living with HIV—630,000 of them with AIDS.
- About 84 percent of those living with HIV/AIDS are ages 20 to 29.
- HIV prevalence rates in urban areas ranges from 27 percent in low-risk groups to 58 percent in high-risk groups. In rural areas it is 13 percent in low-risk groups and 36 percent in high-risk groups.

Two transmission mechanisms account for most new HIV infections in Zambia: heterosexual contact (93 percent of all adult cases) and perinatal transmission. According to the Ministry of Health, several factors contribute to the rapid spread of HIV in Zambia, including high prevalence of other sexually transmitted infections (STIs), a norm of multiple sexual partners, low condom use, cultural beliefs, poverty, poor health status, the low social and economic status of women, and dislocation of



the population caused by drought and the instability of neighboring countries.

AIDS is beginning to exact a cruel toll on Zambian society, and will raise the crude death rate by 92 percent during the 1990s.

- More than 97,000 people died of AIDS-related diseases in 1997; 2 million Zambians are expected to die of AIDS in 2010.
- Life expectancy has dropped from 56 to 37 years as result of HIV/AIDS.
- Deaths due to AIDS among people ages 15 to 49 will reach 70,000 per year by the year 2000, and 127,000 per year—nearly 350 a day—by 2005.

## *HIV/AIDS and Women*

---

Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at increased risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound this vulnerability.

Zambian women lack control over their lives and are taught from early childhood to listen to and respect their male counterparts. Women are not supposed to refuse to have sex with their husbands, regardless of how many partners he may have or whether he is suspected of having an STI or HIV.

## ZAMBIA AND HIV/AIDS

*"I really trusted my husband," says Brigitte Syamalaewe, a 40-year-old Zambian woman. She knew she had not had sex with anyone else, so when she tested positive, she felt "totally shattered." She's hardly an exception.*

- Women are infected at younger ages than men. A population-based study in Ndola revealed that 42 percent of 20- to 24-year-old females were already infected with HIV, compared with just

13 percent of males in the same age group. Among 30- to 39-year-olds, prevalence was 35 percent for women and 40 percent for men.

- According to the 1996 Demographic Health Survey (DHS), Zambian men with STIs are twice as likely as women with STIs to seek treatment.
- Widow inheritance (a widow marrying her brother-in-law) is still common practice in some parts of the country, particularly in rural areas. This cultural practice increases the likelihood of HIV/AIDS transmission.

### Children, Youth, and HIV/AIDS

Forty-five percent of the total Zambian population is under 15 years old. The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality among infected children and orphaning many others. Approximately 30 to 40 percent of infants born to HIV-positive mothers (more than 30,000 per year) will also become infected with HIV, and most of them will develop AIDS and die within two years.

- More than 42,000 children under age 15 are living with HIV/AIDS.
- Reversing years of progress in child survival, AIDS will increase Zambia's infant mortality rate by 22 percent from 1995 to the year 2000.
- If HIV prevalence continues to rise at the current rate, half of all newborns will eventually die from AIDS, either in infancy or early adulthood.
- The AIDS mortality rate for children under age 5 will rise from 8 per 1,000 in 1990 to 33 per 1,000 in the year 2000.

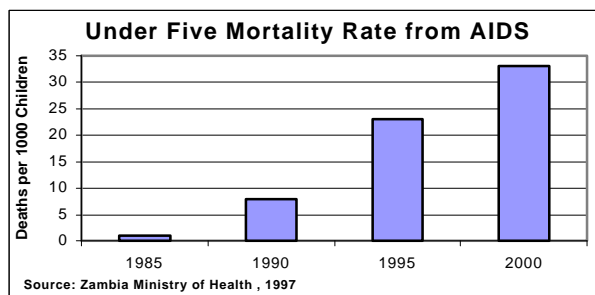
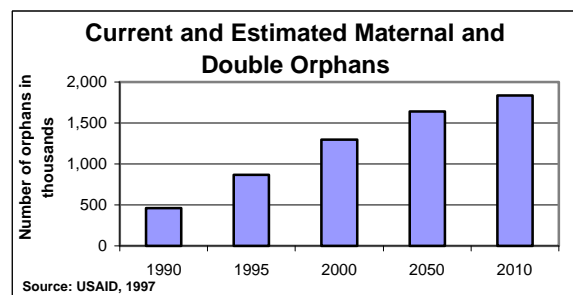
An estimated 23 percent of all Zambian children under age 15 are missing one or both parents, many of them from AIDS. Advocates say orphans in Zambia are more likely to suffer beatings and sexual abuse.

- By the year 2000, 600,000 children will have lost one or both parents to AIDS.
- By 2010 Zambia may have at least 1 million AIDS orphans.

Most HIV infections occur in teenagers and people in their 20s. Seventy-five percent of youth are sexually active by age 19. Seventy-one percent of boys and 34 percent of girls are sexually active by age 14. Many youth have multiple partners—55 percent of males and 40 percent of females report more than one partner in the last three months.

- Young women ages 15 to 19 are five times as likely to be infected as males in the same age group. Girls often engage in sex in exchange for money/gifts/favors, to prove love to their boyfriends, and/or because of coercion.
- The majority of youth practice unsafe sex—71 percent of sexually active youth did not use a condom during their last sexual encounter. Only 7 percent reported always using a condom.
- One out of five Zambians over age 15 will probably die of AIDS within the next three to ten years.

The most common health concerns reported among youth are unwanted pregnancies, particularly for young women, followed by STIs and AIDS.



## Socioeconomic Effects of AIDS

The number of new AIDS cases each year in Zambia will rise to 106,000 in the year 2000, and to 119,000 in 2010.

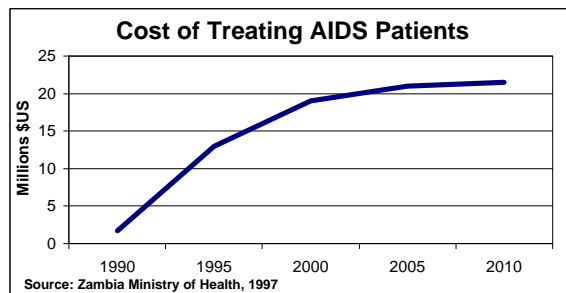
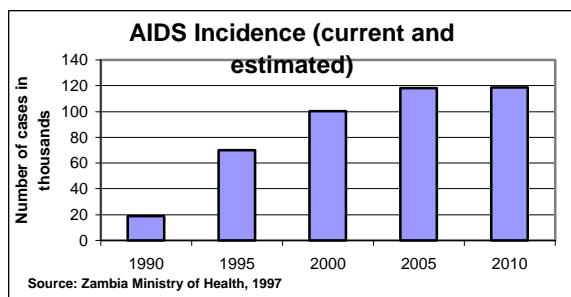
These increases will place severe pressure on the public health system and on individual households to provide the intensive care required by people living with HIV/AIDS.

Treatment for the opportunistic infections which result from AIDS is expensive and will significantly reduce the resources available to address other health problems.

- By 2005, 45 percent of hospital beds will be filled with people living with HIV/AIDS (PLWHA).
- Zambia's Central Health Board predicts that the cost of treating AIDS patients will rise from \$1.7 million in 1990 to \$21 million in 2005.

To reduce the cost of AIDS treatment and improve the quality of care, Zambia is emphasizing home-based care, which relies on the strength of the extended family and fulfills the desire of most Zambians to die at home. Unfortunately, for fear of being identified as HIV-positive, eligible individuals sometimes refuse home-based care.

A tuberculosis (TB) epidemic fueled by HIV will further strain health care resources. During the past ten years, the HIV/AIDS epidemic has increased the TB case rate nearly sixfold, from



7,000 in 1984 to over 40,000 in 1996. The additional number of annual TB cases due to AIDS could reach 50,000 by 2005.

HIV/AIDS is also beginning to take its toll on businesses in Zambia, and is expected to reduce annual profits in the coming years. Some industries have been especially hard hit:

- Barclays' Bank was losing 36 of its 1,600 employees a year, ten times the death rate at most U.S. companies.
- In 1994, Indeni, Zambia's only oil refinery, paid out \$26,400 in AIDS-related expenses, more than its profits of \$24,514.
- Representatives from Zambia's largest cement company, owned by Britain's Commonwealth Development Corporation, reported that absenteeism for funerals had increased 15-fold between 1992 and 1995. As a result, the company has restricted absenteeism for funerals only for those of a wife, parent, or child.

Large numbers of professionals are also being lost to HIV/AIDS. In the past year, Zambia has suffered power shortages because so many engineers have died. At Minbank Clinic, where the senior managers of the country's biggest banks and mining and industrial companies are treated, about half of all appointments are AIDS-related.

## Interventions

### National Response

In 1987 the Zambian National AIDS Prevention and Control Programme (NAPCP), in collaboration with the World Health

Organization's (WHO's) Global Programme on AIDS, developed its First Medium Term Plan for 1988 to 1992 (MTP1). The same year, NAPCP

## **ZAMBIA AND HIV/AIDS**

implemented a short-term plan to ensure safe blood supply, and established 33 blood-screening centers. A major external review resulted in the formation of the National AIDS/Sexually Transmitted Diseases/Tuberculosis and Leprosy Programme (NASTLP) in 1992.

The Second Medium Term Plan (MTP2) for 1994 to 1998 was approved in 1993. The MTP2 was developed to be multisectoral in its approach, involving all ministries as well as NGOs, churches, social groups, and the private sector in HIV/AIDS activities across Zambia.

In 1997 the NASTLP was restructured to integrate HIV/AIDS into health services at the district and ministerial levels. Interventions are designed and coordinated at the district level through the District Health Board, a multisectoral body. Implementation of this multisectoral program is still in its infancy. At the national level, a new National AIDS Secretariat is being formed to coordinate the response to the epidemic. Major activities will include the drafting of a national AIDS policy, development of a national breast-feeding policy, and population-based HIV surveys.

### ***Donors***

Multilateral and bilateral donors are actively engaged in Zambia. According to a UNAIDS/Harvard study, bilateral organizations

contributed the following amounts in 1996-99 (not all figures for 1998-99 are available):

<b>Organization</b>	<b>Amount US\$ 1996-97</b>	<b>Amount US \$ 1998-99</b>
USAID	6,200,000	4,250,000 (1999)
EU	2,904,000	780,000
Norway	2,322,000	1,300,000
SIDA	1,870,000	688,720
DIFID	1,041,434	460,000
DANIDA	627,185	
Netherlands (1996)	415,428	
Others	319,808	
Finland	2,170	
<b>Total</b>	<b>15,702,025</b>	<b>7,478,720</b>

### *Bilateral organization contributions 1996–1999*

**USAID's** HIV/AIDS funding for FY 1998 was \$2.7 million. In March 1999 USAID gave Zambia \$1 million for HIV/AIDS programs, bringing the total for FY 1999 to \$4 million.

As the lead donor in the HIV prevention for several years, USAID/Zambia has supported the following types of activities:

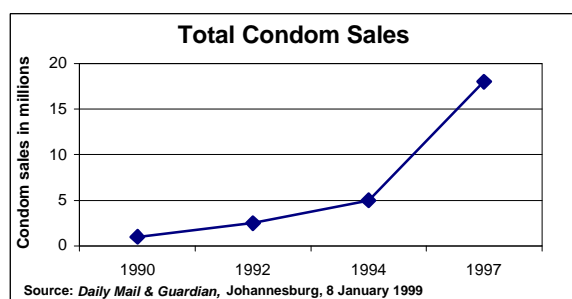
- Behavior change communication (BCC) programs for specific target groups.
- Mass media campaigns to increase HIV/AIDS awareness among the general public.
- Presentations modeling the potential impact of HIV/AIDS to inform policymakers.
- A national social marketing program to increase the availability of condoms.

- Provision of appropriate drugs and provider training to improve STI control.
- Voluntary HIV counseling and testing (VCT).

Past efforts have sought to enlist a broad spectrum of Zambian society, including traditional healers and employer-based services, in HIV/AIDS prevention and care. The mission also supports efforts to reduce the impact of HIV/AIDS on Zambian society through:

- Strengthening district task forces to develop a local, decentralized response.
- Assistance to AIDS orphans.
- Promotion of home-based care for PLWHA.

## ZAMBIA AND HIV/AIDS



- Development of community-based support groups for people affected by HIV/AIDS.

USAID/Zambia recently initiated the *Zambian Integrated Health Program (ZIHP)*, a five-year program that includes the integration of HIV/AIDS activities. Key interventions are BCC, increasing access to condoms, STI control,

voluntary counseling and testing, community care and support services, and policy development. Although ZIHP includes HIV/AIDS, priority will be given to integrated programs, with an emphasis on reproductive health.

**UNAIDS's** coordinating theme group based in Zambia, which includes representatives from UNDP, UNICEF, WHO, UNFPA, UNESCO, FAO, UNHCR, the Economic Commission for Africa (ECA), bilateral donors and the World Bank, is chaired by UNICEF and is moving toward joint programming. Support from the UNAIDS cosponsors and other agencies in 1996-99 included the following (not all figures are available for 1998-99):

Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
UNFPA	1,634,544	
UNDP	1,556,000	310,000 (1998)
WHO	1,370,000	
UNAIDS	958,589	480,845
UNICEF	593,424	
WFP	319,808 (1996)	1,387,130
ILO	7,500 (1996)	
UNESCO	3,000 (1997)	
<b>Total</b>	<b>6,442,865</b>	<b>2,177,975</b>

*UNAIDS cosponsor support 1996-1999*

**UNAIDS** is assisting the Ministry of Health in developing a national AIDS vaccine plan. It also focuses on encouraging the active involvement of PLWHA in HIV/AIDS programs, human rights/HIV support, HIV/AIDS intervention programs in the agricultural sector, life skills education, and World AIDS Day campaigns.

**The World Bank** has supported health sector reform in Zambia since 1991. In 1994 it approved a \$56 million loan to institute health sector reform. In addition, the Bank supports some direct AIDS lending. For example, \$400,000 of a \$20 million loan for social recovery from 1991 to 1998 was spent on HIV/AIDS activities.

**The Department for International Development (DFID)** supported a sector aid project with an

HIV/AIDS component from 1994 to 1999. The project aimed to increase AIDS awareness and support the national prevention program through the Ministry of Health. The United Kingdom has also supported a collaborative project with the Zambian government to provide free condoms through public health sector institutions and a condom social marketing project.

**The Government of Norway** has introduced funding to expand the Zambian government's VCT

*According to the Ministry of Health, virtually all adults in Zambia are knowledgeable about HIV/AIDS.*



## ZAMBIA AND HIV/AIDS

program in the 1999-2004 Integrated Reproductive Health Plan.

This service, which is now offered by private providers, NGOs, and some hospitals, will be expanded to 21 provincial and district facilities.

### ***Private Voluntary Organizations (PVOs), Nongovernmental Organizations (NGOs), and Research Institutions***

---

A number of PVOs implement activities funded by multilateral and bilateral donors. Some of the major USAID cooperating agencies include Family Health International, the Population Council, and the Academy for Educational Development. NGOs also receive funding from a variety of sources and carry out most of HIV/AIDS prevention and care activities in Zambia. *See attached preliminary chart for PVO, USAID cooperating agencies, and NGO target areas of activities in HIV/AIDS. This list is evolving and changes periodically.*

**The University of Zambia Teaching Hospital** has served as a research site for the HIV Network for Prevention Trials (HIVNET). HIVNET was established in 1993 by the U.S. National Institute of Allergies and Infectious Disease (NIAID) in to conduct trials of promising HIV prevention strategies in the United States and abroad. The Zambia HIVNET site was recently closed, but negotiations with the MINISTRY OF HEALTH are underway to re-start activities.

The Africa Council of AIDS Service Organizations (AFRICASO) is based in both Zambia and Senegal. AFRICASO helps NGOs and other community-based organizations exchange information and experiences at the subregional, regional, and international levels in order to reinforce the role of civil society in the response to HIV/AIDS.

Strong religious beliefs are an important aspect of Zambian society, and churches and religious organizations are increasingly integrating HIV/AIDS prevention and care into their programs. For example, in September 1997, with support from Project Concern International and The Futures Group International, Christians from several denominations and representatives from the Bahai and Islamic communities formed an Interfaith Networking Group to collaborate on HIV/AIDS prevention activities.

Zambia's NGO Coordinating Committee is in place but it is currently not active. On large collaborative projects, the Family Health Trust takes the lead.

## Challenges

---

Major constraints to HIV/AIDS control in Zambia include the following:

- Poverty and a lack of resources to address HIV/AIDS and other health and development problems.
- Many people infected with HIV in Zambia still choose to keep their status secret for fear of social rejection. Health workers say that the attitudes of Zambia's growing number of Christian fundamentalists toward HIV/AIDS has encouraged this dangerous secrecy.
- HIV-related mortality of health professionals reduces the health services' ability to provide care. In Zambia, training programs cannot keep pace with the need for new nurses.
- Lack of coordination among NGOs working on HIV/AIDS.

The following gaps in programming must be filled in order to mount an effective response to HIV/AIDS in Zambia:

- Long-term government policy should address underlying causes of health problems, including poor housing, sanitation, water, and nutrition.
- Ministries need to adopt measures to reduce the impact of HIV on health services staff. The effects of HIV must be taken into account in health services planning.
- Behavior change interventions are needed to complement all information, education, and communication activities. Although knowledge of HIV/AIDS is high among Zambians, behavior change tends to be lower.
- VCT sites and studies measuring the effects of mother-to-child transmission of HIV are needed.

### The Future

---

According to the national AIDS program, senior policymakers can be involved at several levels:

- Engage in policy dialogue to ensure that the epidemic remains high on the national agenda.
- Participate in strategic planning at national and district levels.
- Support the HIV/AIDS programs of NGOs and sectoral ministries.

- Discourage discrimination and stigmatization against PLWHA.

Zambia's government has developed a multisectoral response to HIV/AIDS. What is needed now is commitment from government, religious, and business leaders at the highest levels to translate rhetoric into reality. Only with such leadership will it be possible to slow the spread of HIV in Zambia.

### Important Links and Contacts

---

1. UNAIDS Country Program Adviser: Bernadette Olowo-Freers, UNAIDS, c/o UNDP, P.O. BOX 31966, Alick Nkhata Road, Lusaka Tel: (260) 1 25 20 55; email: [freers@zamnet.zm](mailto:freers@zamnet.zm) or [bolowofreers@unicef.zm](mailto:bolowofreers@unicef.zm)
2. Africa Council of AIDS Service Organization (AFRICASO); P.O. Box 37 559, Lusaka; Phone: (260 1) 224 123/229 848; Fax: (260 1) 282 760 e-mail: [mazuwa@zamnet.zm](mailto:mazuwa@zamnet.zm)
3. ICASA Secretariat: Dr. Moses Sichone, P.O. Box 38718, Lusaka.
4. UNICEF: Mr. Peter McDermott, P.O. Box 33610, Alick Nkhata Avenue, Lusaka.
5. Project Concern International; P.O. Box 32320, Katunjila Road, Lusaka.



**U.S. Agency for  
International Development  
Population, Health and Nutrition  
Programs  
HIV/AIDS Division**  
1300 Pennsylvania Ave., N.W.  
Ronald Reagan Building, 3<sup>rd</sup> Floor  
Washington DC 20523-3600  
Tel: (202) 712-4120  
Fax: (202) 216-3046  
URL: [www.info.usaid.gov/pop\\_health](http://www.info.usaid.gov/pop_health)



**Implementing AIDS Prevention  
and Care (IMPACT) Project**  
Family Health International  
2101 Wilson Boulevard, Suite 700  
Arlington VA 22201 USA  
Telephone: (703)-516 9779  
Fax: (703) 516-9781  
URL: [www.fhi.org](http://www.fhi.org)

*April 1999*



U.S. Based  
Institutional Interventions

# Zambia

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
Cooperating Agencies																	
FHI/IMPACT		X	X	X			X		X			X	X				
Futures Group/Policy Project/RTI	X											X					
Horizons/Pop. Council		X											X	X			
Johns Hopkins University	X	X		X					X	X	X	X		X	X	X	
PSI																	Conf. presentation
Salvation Army	X	X	X	X			X		X			X	X	X	X	X	
PVOs/NGOs																	
CARE		X			X	X			X				X		X		Operations Research STDs
Civil/Military Alliance to Combat HIV/AIDS	X			X					X								
Media for Development International									X						X		
Project Concern International	X	X	X	X					X			X		X	X		

KEY:	Advoc.	Advocacy	MTCT	Mother to Child Transmission activities
	BCI	Behavior Change Intervention	Research	HIV/AIDS research activities
	Care/S	Care & Support Activities	Policy	Policy monitoring or development
	Training	HIV/AIDS training programs	STD	STD services or drug distribution
	Cond.	Condom Distribution	VCT	Voluntary counseling and testing
	SM	Social Marketing	Orphan	AIDS orphan activities
	Eval.	Evaluation of several projects	TB	TB control
	HR	Human Rights activities	Other	(I.e. blood supply, etc.).
	IEC	Information, education, communication activities		